Effective October 1, 2001

Santan Contract

Application or Docket Number

10/049809

| S. Consult   | CLAIMS AS FILED - PART I (Column 1) (Column 2)           |                    |   |  |   |                  | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|--|--------------------|---|--|---|------------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| ் மூன்<br>சார்க்கி நிருந்தி இருந்தி இருந | TOTAL CLAIMS   |                    |   | STATE OF THE STATE |   | RATE             | FEE                 |                        | RATE                          | FEE                 |                        |
|  | FOR  |                    |   | NUMBER FI  | LED NUMB                                    | ER EXTRA         | BASIC FEE           |                        | ORB                           | ASIC FEE            | 390                    |
|  | TOTAL CHARGEABLE CLAIMS                                  |                    |   | 21 minu  | is 20= *                                    |                  | X\$ 9=              |                        | OR                            | X\$18=              | 18                     |
|  | INDEPENDENT CLAIMS                                       |                    |   |  | us 3 = *                                    |                  | X42=                |                        | OR                            | X84=                |                        |
|  | MULTIPLE DEPENDENT CLAIM PRES                            |                    |   | RESENT   |   |                  | +140=               |                        | OR                            | +280=               |                        |
|  | * If the difference in column 1 is less than zero, enter |                    |   |  | o, enter "0" in o                           | column 2         | TOTAL               |                        | L                             | TOTAL               |                        |
|  | CLAIMS AS AMENDED - PART II                              |                    |   |  |   |                  | OTHER THAN          |                        |                               |                     |                        |
|  | (Column 1)   |                    |   | (Column 2) (Column 3)  |   |                  | SMALL               |                        | OR SMALL ENTITY               |                     |                        |
|  | NT A   |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | DME  | Total              | * .                                       | Minus  | **  | = .              | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | AMENDMEN   | Independent        | *   | Minus  | ***   | = =              | X42=                |                        | OR                            | X84=                |                        |
|  |  | FIRST PRESE        | NTATION OF M                              | IULTIPLE DEP   | ENDENT CLAIM                                | 1                | +140=               |                        | OR                            | +280=               |                        |
|  |  |                    |   |  |   |                  | TÖTAL<br>ADDIT, FEE |                        | OR A                          | TOTAL.              |                        |
|  | (Column 1) (Column 2) (Column 3)                         |                    |   |  |   |                  | ADDIT. ( E.E.)      |                        |                               |                     |                        |
|  | NT B   |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | AMENDMENT  | Total              | *   | Minus  | **  | =                | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | MEN  | Independent        | *   | Minus  | ***   | =                | X42=                |                        | OR                            | X84=                |                        |
|  |  | FIRST PRESE        | ENTATION OF N                             | MULTIPLE DEF   | PENDENT CLAIM                               | М                | +140=               |                        | OR                            | +280=               |                        |
|  |  |                    | •   |  |   |                  | TOTAL<br>ADDIT. FEE |                        |                               | TOTAL<br>ADDIT. FEE |                        |
|  |  |                    | (Column 1)                                |  | (Column 2)                                  | (Column 3        |                     |                        |                               |                     |                        |
|  | NT C   |                    | CLAIMS REMAINING AFTER AMENDMEN           |  | HIGHEST NUMBER PREVIOUSLY PAID FOR          | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | OM<br>ME   | Total              | *   | Minus  | **  | =                | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | AMENDMENT  | Independent        | 1   | Minus  | ***   | =                | X42=                |                        | OR                            | X84=                |                        |
| ٠٠,  |  | FIRST PRES         | SENTATION OF                              | MULTIPLE DE  | PENDENT CLA                                 | IM L             | +140=               |                        | 1                             | +280=               |                        |
|  | 1  |                    |   |  |   | solumn 3         | L                   |                        | OR                            | TOTA                |                        |
|  | -  | If the entry in co | olumn 1 is less tha                       | n the entry in co:   | lumn 2. write "0" in                        | . CCIUITII O.    | TOTAL               | -                      | OR                            | ADDIT. FEI          |                        |